FluWatch

Public Health Agency of Canada | Agence de la santé publique du Canada

July 23 to August 19, 2017 (Weeks 30-33)

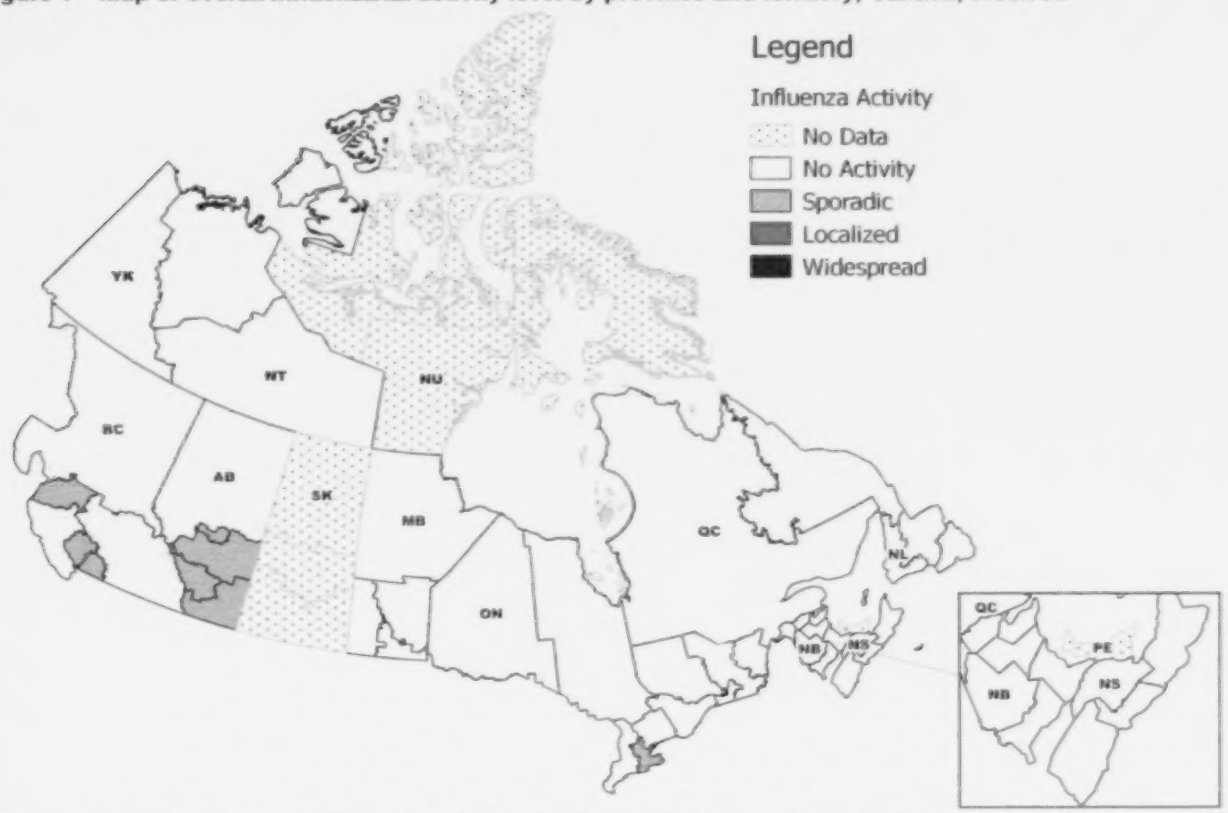
Overall Summary

- Influenza activity remains at interseasonal levels across the country, with a few regions reporting sporadic or localized activity.
- In weeks 30-33, circulation of influenza B continued to decline. The majority of detections were influenza A(H3N2) with slightly more detections reported than in previous seasons.
- FluWatch will publish the last report of the 2016-17 season on September 1, 2017. We continue to monitor influenza and other respiratory infections via the RVDSS report, published every Thursday.
- For more information on the flu, see our Flu(influenza) web page.

Influenza/Influenza-like Illness (ILI) Activity (geographic spread)

In weeks 30-33, influenza or influenza-like illness activity levels remained at low levels and the majority of regions reported no activity. In week 33, one region in Ontario and one region in Quebec reported localized activity, and seven regions in Ontario (1), Alberta (4) and British Columbia (2) reported sporadic activity. For more details on a specific region, click on the map.

Figure 1 – Map of overall influenza/ILI activity level by province and territory, Canada, Week 33

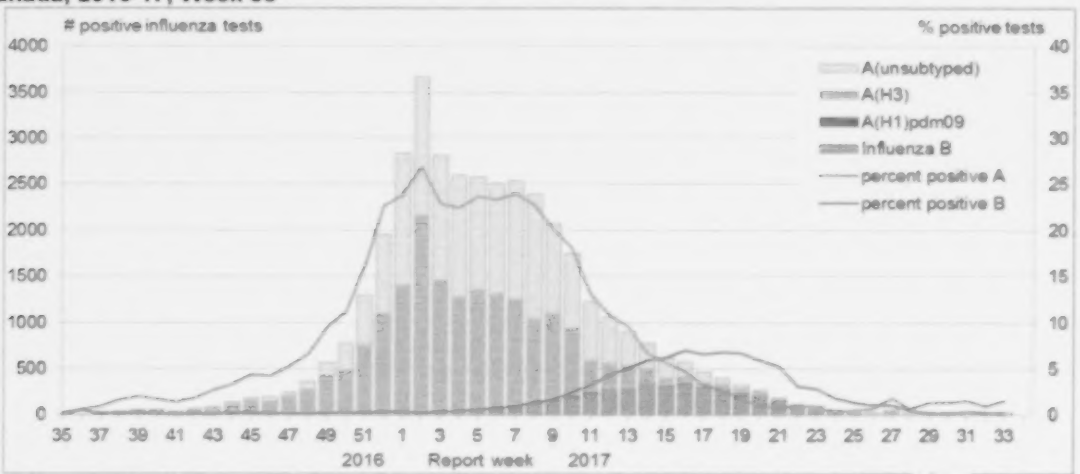


Note: Influenza/ILI activity levels, as represented on this map, are assigned and reported by Provincial and Territorial Ministries of Health, based on laboratory confirmations, sentinel ILI rates and reported outbreaks. Please refer to detailed definitions at the end of the report. Maps from previous weeks, including any retrospective updates, are available in the mapping feature found in the Weekly Influenza Reports.

Laboratory Confirmed Influenza Detections

In weeks 30-33, the number of tests positive for influenza remained at interseasonal levels. The percentage of tests positive was low, around 1.6% during weeks 30-33, although slightly higher than in the previous six seasons. The number of detections of influenza A was stable compared to the previous month, while influenza B detections continued to decline. The majority of influenza A viruses subtyped were A(H3N2). For data on other respiratory virus detections, see the Respiratory Virus Detections in Canada Report on the Public Health Agency of Canada (PHAC) website.

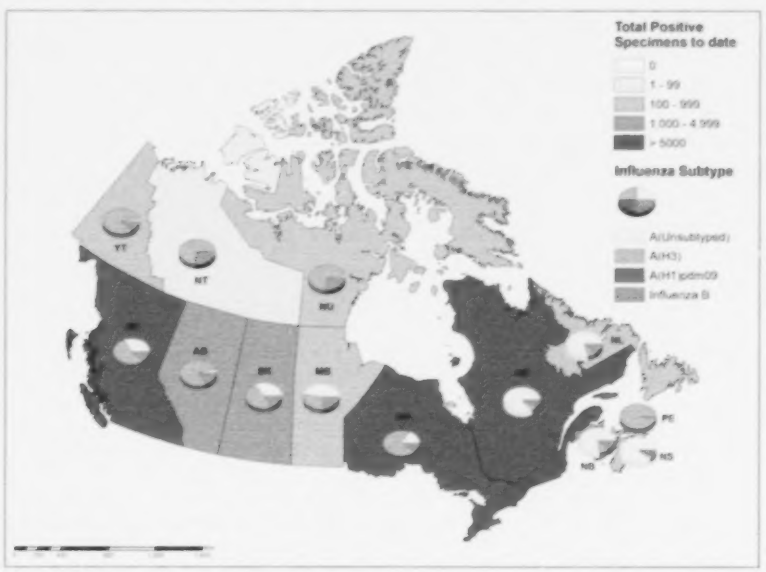
Figure 2 – Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2016-17, Week 33



The shaded area indicates weeks where the positivity rate was at least 5% and a minimum of 15 positive tests were observed, signalling the onset of seasonal influenza activity.

To date this season, 39,339 laboratory-confirmed influenza detections have been reported, of which 88% have been influenza A. Influenza A(H3N2) has been the most common subtype detected this season, representing over 99% of influenza A detections. For more detailed weekly and cumulative influenza data, see the text descriptions for Figures 2 and 3 or the Respiratory Virus Detections in Canada Report.

Figure 3 – Cumulative numbers of positive influenza specimens by type/subtype and province/territory, Canada, 2016-17, Week 33



To date this season, detailed information on age and type/subtype has been received for 27,323 laboratory-confirmed influenza cases (Table 1). Among cases with reported age and type/subtype information, adults aged 65+ accounted for nearly half of the reported influenza cases. Adults aged 65+ accounted for 51% of influenza A detections; however the majority of influenza B cases were among those less than 65 years of age.

Table 1 – Weekly and cumulative numbers of positive influenza specimens by type, subtype and age-group reported through case-based laboratory reporting[1], Canada, 2016-17, Week 33

Age groups (years)	Weeks 30-33 (July 23 to August 19, 2017)					Cumulative (August 28, 2016 to August 19, 2017)						
	Influenza A				B	Influenza A				B	Influenza A and B	
	A Total	A(H1) pdm09	A(H3)	A (UnS)[3]	Total	A Total	A(H1) pdm09	A(H3)	A (UnS)[3]	Total	#	%
0-4	6	<5	<5	<5	<5	2259	23	837	1399	299	2558	9%
5-19	0	0	0	0	<5	2225	18	1080	1127	557	2782	10%
20-44	13	0	8	5	0	3473	43	1818	1612	551	4024	15%
45-64	13	0	11	<5	<5	3965	34	1982	1949	742	4707	17%
65+	25	<5	9	15	<5	12166	22	5479	6665	1086	13252	49%
Total	>55	<5	32	23	8	24088	140	11196	12752	3235	27323	100%
Percentage[2]	88%	4%	56%	40%	12%	88%	1%	46%	53%	12%		

[1]Table 1 includes specimens for which demographic information was reported. These represent a subset of all positive influenza cases reported. Cumulative data include updates to previous weeks.
[2]Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
[3]UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.
x - Supressed to prevent residual disclosure
Specimens from NT, YT, and NU are sent to reference laboratories in the provinces

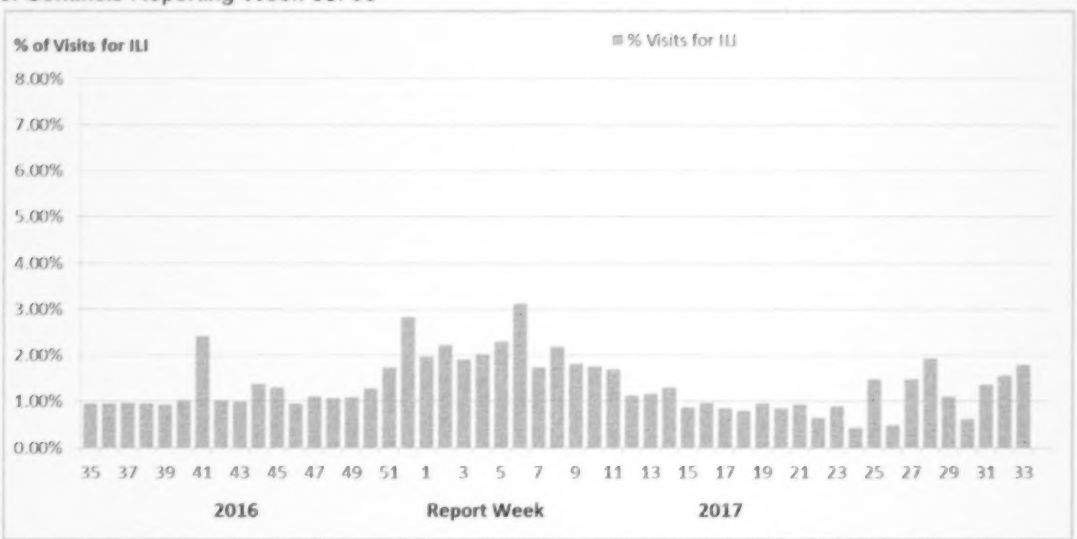
Syndromic/Influenza-like Illness Surveillance

Healthcare Professionals Sentinel Syndromic Surveillance

In weeks 30-33, the proportion of visits to healthcare professionals due to influenza-like illness increased from 0.6% in week 30 to 1.8% in week 33.

Figure 4 – Percentage of visits for ILI reported by sentinels by report week, Canada, 2016-17

Number of Sentinels Reporting Week 33: 99



Delays in the reporting of data may cause data to change retrospectively. In BC, AB, and SK, data are compiled by a provincial sentinel surveillance program for reporting to FluWatch. Not all sentinel physicians report every week.

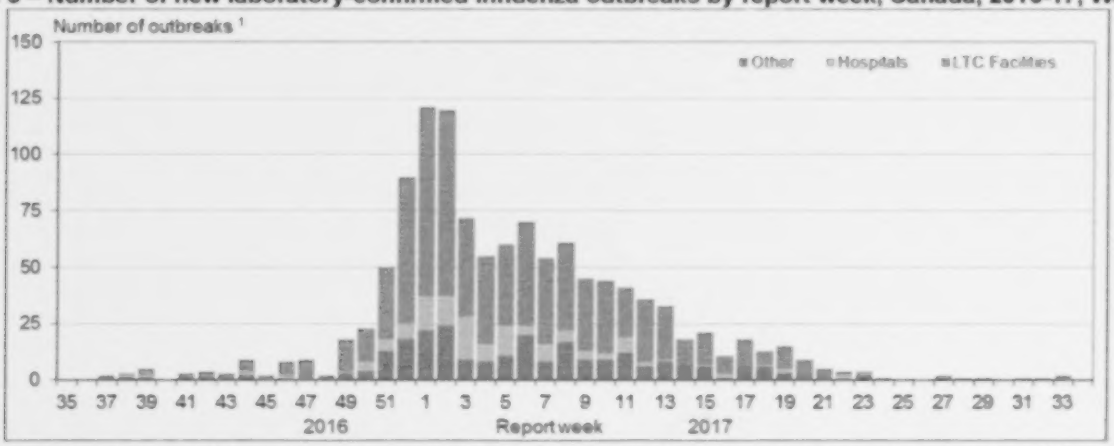
Are you a primary healthcare practitioner (General Practitioner, Nurse Practitioner or Registered Nurse) interested in becoming a FluWatch sentinel? Please visit our Influenza Sentinel page for more details.

Influenza Outbreak Surveillance

During the period of weeks 30-33, four laboratory-confirmed influenza outbreaks were reported, of which three were in long-term care (LTC) facilities, and one was in a hospital. Two outbreaks in LTC facilities were associated with influenza B (the influenza type of the third outbreak is not known), and the hospital outbreak was associated with influenza A (subtype unknown).

To date this season, 1,198 outbreaks have been reported and the majority (66%) have occurred in LTC facilities. Fewer outbreaks were reported this season compared to the same period in the most recent previous A(H3N2)-predominant season (2014-15) when 1,735 outbreaks were reported, of which 74% occurred in LTC facilities.

Figure 5 – Number of new laboratory-confirmed influenza outbreaks by report week, Canada, 2016-17, Week 33



[1]All provinces and territories except NU report influenza outbreaks in long-term care facilities. All provinces and territories with the exception of NU and QC report outbreaks in hospitals. Outbreaks of influenza or influenza-like-illness in other facilities are reported to FluWatch but reporting varies between jurisdictions.Outbreak definitions are included at the end of this report.

Provincial/Territorial Influenza Hospitalizations and Deaths

During the period of weeks 30-33, the number of weekly influenza-associated hospitalizations reported by participating provinces and territories* remained at low levels. In weeks 30-33, 13 hospitalizations were reported, of which 11 were associated with influenza A and 7 (54%) occurred in adults 65+. Two intensive care unit (ICU) admissions and no deaths were reported.

To date this season, 6,542 hospitalizations have been reported, of which 88% were due to influenza A. Among cases for which the subtype of influenza A was reported, 99% were influenza A(H3N2). Adults 65+ accounted for 67% of the hospitalizations. A total of 274 ICU admissions and 387 deaths have been reported. The majority of deaths (88%) were reported in adults aged 65+ years.

Table 2 – Cumulative number of hospitalizations, ICU admissions and deaths by age and influenza type reported by participating provinces and territories, Canada, 2016-17, Week 33

Age Groups (years)	Cumulative (August 28, 2016 to August 19, 2017)						
	Hospitalizations			ICU Admissions		Deaths	
	Influenza A Total	Influenza B Total	Total [# (%)]	Influenza A and B Total	%	Influenza A and B Total	%
0-4	448	95	543 (8%)	20	7%	<5	x%
5-19	241	100	341 (5%)	20	7%	<5	x%
20-44	298	53	351 (5%)	27	10%	5	1%
45-64	766	143	909 (14%)	83	30%	37	10%
65+	3971	427	4398 (67%)	124	45%	340	88%
Total	5724	818	6542 (99%)	274	99%	387	100%

x: Supressed to prevent residual disclosure

*Note: Influenza-associated hospitalizations are not reported to PHAC by BC, NU, and QC. Only hospitalizations that require intensive medical care are reported by SK. ICU admissions are not distinguished among hospital admissions reported from ON. The hospitalization or death does not have to be attributable to influenza, a positive laboratory test is sufficient for reporting.

Sentinel Hospital Influenza Surveillance

Pediatric Influenza Hospitalizations and Deaths

In weeks 30-33, one laboratory-confirmed influenza-associated pediatric (≤16 years of age) hospitalization associated with influenza A(H1N1)pdm09 was reported by the Immunization Monitoring Program Active (IMPACT) network.

To date this season, 597 laboratory-confirmed influenza-associated pediatric hospitalizations were reported by the IMPACT network. Children aged 0-23 months accounted for approximately 37% of hospitalizations and influenza A accounted for 78% of the reported hospitalizations. Among the 132 hospitalizations due to influenza B, 69 (52%) were in children 5 to 16 years of age. In comparison, children over the age of 5 years accounted for 33% of influenza A hospitalizations. Additionally, 100 intensive care unit (ICU) admissions have been reported. A total of 67 ICU cases (67%) reported at least one underlying condition or comorbidity. Less than five deaths have been reported this season.

Figure 6 – Cumulative numbers of pediatric hospitalizations (≤16 years of age) with influenza by age-group reported by the IMPACT network, Canada, 2016-17, Week 33

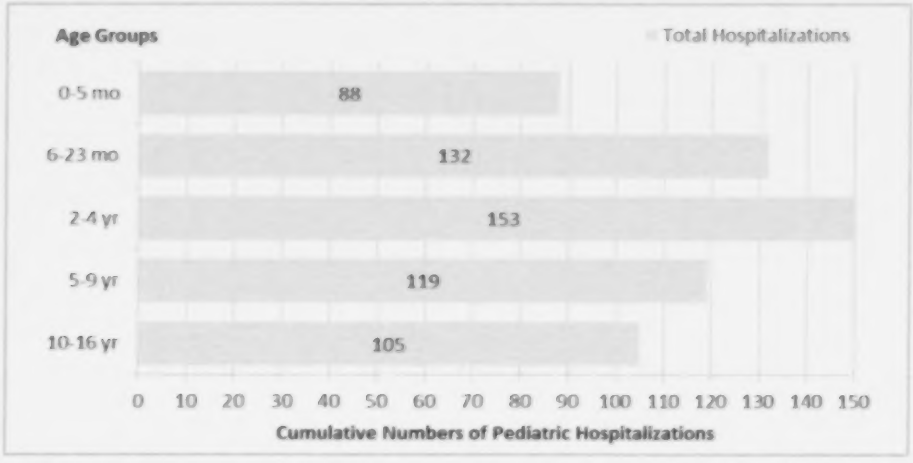
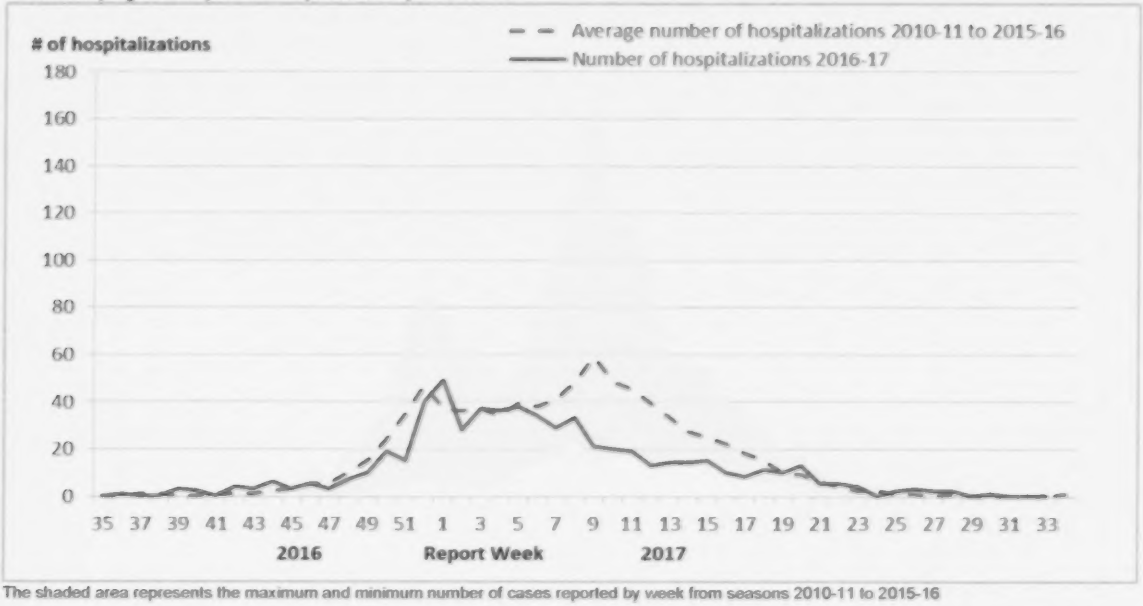


Figure 7 – Number of pediatric hospitalizations (≤16 years of age) with influenza reported by the IMPACT network, by week, Canada, 2016-17, Week 33



The shaded area represents the maximum and minimum number of cases reported by week from seasons 2010-11 to 2015-16

The number of hospitalizations reported through IMPACT represents a subset of all influenza-associated pediatric hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Adult Influenza Hospitalizations and Deaths

Surveillance for the 2016-2017 influenza season ended on April 30th, 2017 (week 20).

This season, 1,535 laboratory-confirmed influenza-associated adult (≥20 years of age) hospitalizations have been reported by the Canadian Immunization Research Network (CIRN). Influenza A accounted for 92% of hospitalizations. Adults aged 65+ accounted for 78% of hospitalizations. A total of 143 intensive care unit (ICU) admissions have been reported. Among ICU cases with available data, 126 cases (88%) reported at least one underlying condition or comorbidity. The median age of patients admitted to the ICU was 71 years. Approximately 86 deaths have been reported this season, the majority in adults aged 65+. The median age of reported deaths was 85 years.

Figure 8 - Cumulative numbers of adult hospitalizations (≥20 years of age) with influenza by type and age-group reported by CIRN, Canada, 2016-17, Week 20

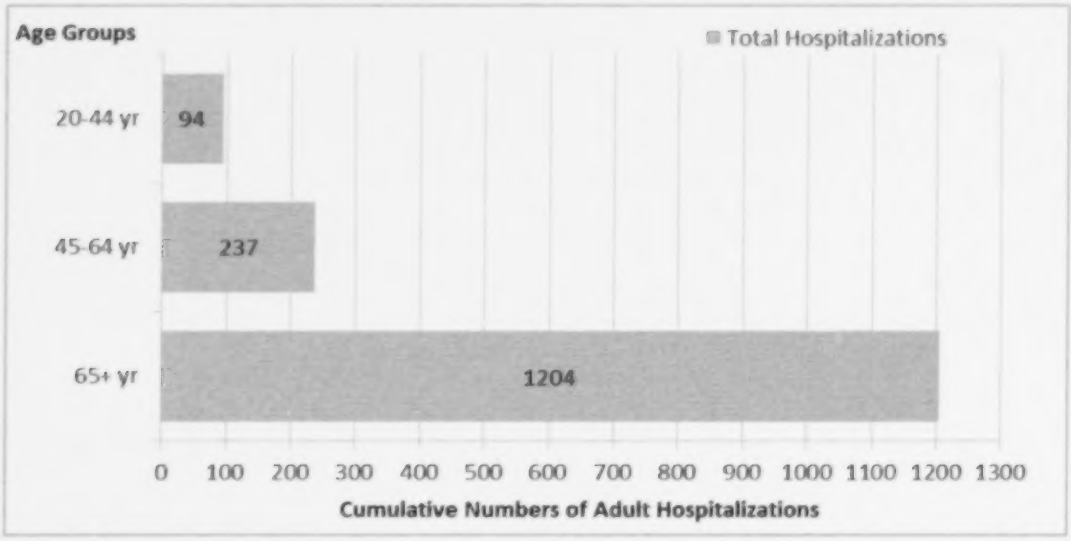
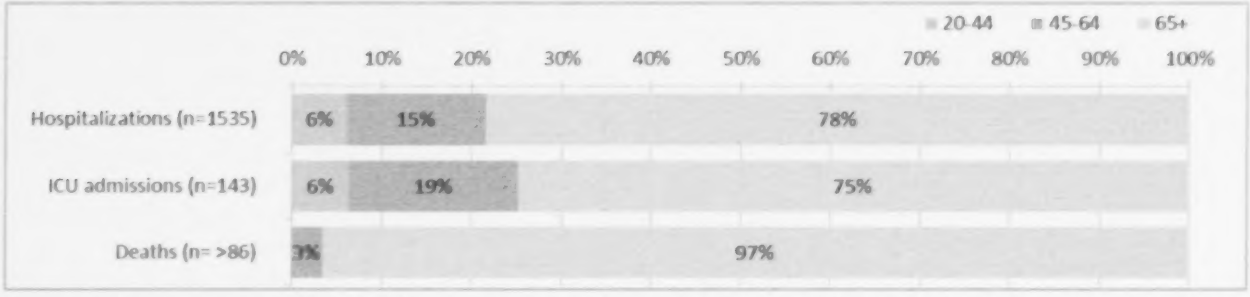


Figure 9 – Percentage of hospitalizations, ICU admissions and deaths with influenza by age-group (≥20 years of age) reported by CIRN, Canada 2016-17, Week 20



The number of hospitalizations reported through CIRN represents a subset of all influenza-associated adult hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Influenza Strain Characterizations

During the 2016-17 influenza season, the National Microbiology Laboratory (NML) has characterized 2,341 influenza viruses [1,652 A(H3N2), 61 A(H1N1), 627 influenza B]. Among viruses characterized during the 2016-17 season, all seasonal influenza A viruses and 20% of influenza B viruses were antigenically or genetically similar to the vaccine strains included in both the trivalent and quadrivalent vaccines. Eighty percent of influenza B viruses characterized were similar to the strain which is only included in the quadrivalent vaccine.

Table 3 – Influenza strain characterizations, Canada, 2016-17, Week 33

Strain Characterization Results[1]	Count	Description
Influenza A (H3N2)		
Antigenically A/Hong Kong/4801/2014-like	396	Viruses antigenically similar to A/Hong Kong/4801/2014, the A(H3N2) component of the 2016-17 Northern Hemisphere's trivalent and quadrivalent vaccine.
Genetically[2] A/Hong Kong/4801/2014-like	1255	Viruses belonging to genetic group 3C.2a. A/Hong Kong/4801/2014-like virus belongs to genetic group 3C.2a and is the influenza A(H3N2) component of the 2016-17 Northern Hemisphere's trivalent and quadrivalent vaccine. Additionally, one virus belonged to genetic group 3C.3a. Genetic characterization of the 396 influenza A (H3N2) viruses that underwent HI testing determined that 331 viruses belonged to genetic group 3C.2a and 65 viruses belonged to genetic group 3C.3a. The majority of viruses belonging to genetic group 3C.3a are inhibited by antisera raised against A/Hong Kong/4801/20143.
Antigenically A/Indiana/10/2011-like[4]	1	Viruses antigenically similar to A/Indiana/10/2011, a candidate H3N2v vaccine virus.
Influenza A (H1N1)		
A/California/7/2009-like	61	Viruses antigenically similar to A/California/7/2009, the A(H1N1) component of the 2016-17 Northern Hemisphere's trivalent and quadrivalent influenza vaccine.
Influenza B		
B/Brisbane/60/2008-like (Victoria lineage)	126	Viruses antigenically similar to B/Brisbane/60/2008, the influenza B component of the 2016-17 Northern Hemisphere's **trivalent** and **quadrivalent** influenza vaccine.
B/Phuket/3073/2013-like (Yamagata lineage)	501	Viruses antigenically similar to B/Phuket/3073/2013, the additional influenza B component of the 2016-17 Northern Hemisphere **quadrivalent** influenza vaccine.

[1]The NML receives a proportion of the influenza positive specimens from provincial laboratories for strain characterization and antiviral resistance testing. Strain characterization data reflect the results of hemagglutination inhibition (HI) testing compared to the reference influenza strains recommended by WHO.
[2]Determined by sequence analysis.
[3]WHO - Recommended composition of the influenza virus vaccines for use in the 2016-17 northern hemisphere influenza season.
[4]Detected in epidemiological week 50. For more details, see Week 50 report.

Antiviral Resistance

During the 2016-17 season, the National Microbiology Laboratory (NML) has tested 1,255 influenza viruses for resistance to oseltamivir, 1,255 influenza viruses for resistance to zanamivir and 288 influenza viruses for resistance to amantadine. All but two influenza A(H3N2) viruses and one of the A(H1N1) viruses were sensitive to oseltamivir and all viruses were sensitive to zanamivir. All 288 influenza A viruses were resistant to amantadine (Table 4).

Table 4 – Antiviral resistance by influenza virus type and subtype, Canada, 2016-17, Week 33

Virus type and subtype	Oseltamivir		Zanamivir		Amantadine	
	# tested	# resistant (%)	# tested	# resistant (%)	# tested	# resistant (%)
A (H3N2)	760	2 (0.3%)	759	0 (0%)	232	232 (100%)
A (H3N2v)	1	0 (0%)	1	0 (0%)	1	1 (100%)
A (H1N1)	52	1 (1.9%)	51	0 (0%)	55	55 (100%)
B	442	0 (0%)	444	0 (0%)	NA[1]	NA[1]
TOTAL	1255	3 (0.2%)	1255	0 (0%)	288	288 (100%)

[1]NA: Not Applicable

Provincial and International Influenza Reports

- World Health Organization influenza update
- World Health Organization FluNet
- WHO Influenza at the human-animal interface
- Centers for Disease Control and Prevention seasonal influenza report
- European Centre for Disease Prevention and Control - epidemiological data
- South Africa Influenza surveillance report
- New Zealand Public Health Surveillance
- Australia Influenza Report
- Pan-American Health Organization Influenza Situation Report
- Alberta Health – Influenza Surveillance Report
- BC - Centre for Disease Control (BCCDC) - Influenza Surveillance
- New Brunswick – Influenza Surveillance Reports
- Newfoundland and Labrador – Surveillance and Disease Reports
- Nova Scotia - Flu Information
- Public Health Ontario – Ontario Respiratory Pathogen Bulletin
- Manitoba – Epidemiology and Surveillance – Influenza Reports
- Saskatchewan – influenza Reports
- PEI – Influenza Summary

FluWatch Definitions for the 2016-2017 Season

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU).

Influenza-like-illness (ILI): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

ILI/Influenza outbreaks

Schools: Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.
Hospitals and residential institutions: two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.
Workplace: Greater than 10% absenteeism on any day which is most likely due to ILI.
Other settings: two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. closed communities.
Note that reporting of outbreaks of influenza/ILI from different types of facilities differs between jurisdictions.

Influenza/ILI Activity Levels

1 = No activity: no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported
2 = Sporadic: sporadically occurring ILI and lab confirmed influenza detection(s) with **no outbreaks** detected within the influenza surveillance region†
3 = Localized: (1) evidence of increased ILI* ;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region†**
4 = Widespread: (1) evidence of increased ILI*;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region†**

Note: ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.
** More than just sporadic as determined by the provincial/territorial epidemiologist.*
† Influenza surveillance regions within the province or territory as defined by the provincial/territorial epidemiologist.

We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.
This report is available on the Government of Canada Influenza webpage. Ce rapport est disponible dans les deux langues officielles.